

DATE: December 1, 2004

TO: County Emergency Management Directors

FROM: Jerry Haberl, State Training Supervisor

SUBJECT: Course Recruitment: WEAPONS OF MASS DESTRUCTION THREAT & RISK ASSESSMENT (NT213)

The Wisconsin Division of Emergency Management will sponsor the course **Weapons of Mass Destruction Threat & Risk Assessment – (NT213)** on **FEBRUARY 8-10, 2005** at **Volk Field, 100 Independence Dr., Camp Douglas, WI**. The course will begin at **8:00 a.m.** on Tuesday, February 8th, and conclude at approximately 4:00 p.m. on Thursday, February 10, 2005. The course will be delivered by the National Emergency Response and Rescue Training Center (NERRTC). Dress is casual.

This planning/management level course prepares emergency responder managers and community leaders to conduct a comprehensive threat and risk assessment for a weapon of mass destruction (WMD) or terrorist incident. The course delivery combines lecture, small group discussions, multi-media scenarios, and an on-site vulnerability assessment. Upon completion of this course, attendees will be prepared to conduct a comprehensive assessment of their vulnerability to a terrorist act, develop a needs assessment, validate requirements for protection against and reaction to a terrorist act, and evaluate their Emergency Operations Plan (EOP) and Terrorism incident Annex (TIA).

We request that you recruit attendees from within your community who are supervisors, managers, planners (and staff) and community leaders from all emergency response professions. Individuals from non-profit, public and private industries are also encouraged to participate, as these groups add an important dimension to the team. If appropriate (given the student disciplines), an optional agriculture vulnerability assessment can be covered in this course. Students desiring an agricultural component to this course should contact Lisa Olson-McDonald by January 18, 2005 to accommodate the request.

If you travel more than **50 miles one way**, and do not wish to commute, we will make reservations for those participants at Volk Field. Wisconsin Emergency Management will pay for lodging (*for those traveling 50-miles or more one way*) and meals for all participants; however, the cost of travel and any other incidental expenses associated with your stay are a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course rosters are finalized.

Please have prospective participants complete the attached registration form, and return the form to your Regional Office no later than **JANUARY 8, 2005**.

Thank you for helping us to bring emergency management training to your community. If you have questions, or need further information, please call your Regional Director or Lisa Olson-McDonald at (608) 427-1794.

Encl: Registration Form

cc: WEM Management Staff
Regional Offices
Level A Teams
Linton Lavergne
Lisa Olson-McDonald

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REGISTRATION INFORMATION
WEAPONS OF MASS DESTRUCTION THREAT & RISK ASSESSMENT – (NT213)
FEBRUARY 8-10, 2005
VOLK FIELD, WI

Please complete the information below and send it to your County Director by January 7, 2005. County Directors must submit this registration to their Region Office no later than January 8, 2005. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible.
(Reproduce this sheet locally for additional people.)

(PLEASE PRINT CLEARLY)

NAME _____ **SIGNATURE** _____

TITLE _____ **AGENCY** _____

SOCIAL SECURITY NUMBER _____
(MUST BE PROVIDED TO REGISTER)

WORK ADDRESS _____

CITY _____ **ZIP** _____ **COUNTY** _____

WORK PHONE # _____ **FAX** _____ **E-MAIL** _____

State Privacy Provision

Authorization: Wisc Stats 166.03 and E.O. 9397.

Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application.

Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.

LODGING INFORMATION

_____ **I do not need a room.**

_____ **I live over 50 miles, please reserve a room for me as indicated below:**

PLEASE CIRCLE THE NIGHT(S) THAT YOU NEED A ROOM

MONDAY, FEBRUARY 7, 2005

TUESDAY, FEBRUARY 8, 2005

WEDNESDAY, FEBRUARY 9, 2005

Do you require any special accommodations for a physical disability (i.e. first floor lodging, etc.)?

SIGNATURE OF COUNTY EM DIRECTOR/DATE: _____

SIGNATURE OF REGIONAL DIRECTOR/DATE _____